

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. ¹⁶⁸ 394

Registered No. 394

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village P.O. Box 1374 - Miami -
City Miami No. 57 Red Springs Canon St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child.

Jose Poyval

If child is not yet named, make supplemental report, as directed.

3. Sex of Child To be answered ONLY in event of plural births.

Male

4. Twin, triplet or other.

5. No., in order of birth.

6. Legitimate

yes

7. Date

of birth June 12 - 1930
Month Day Year

8.

FATHER

Full name

Julian Poyval

9. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami, Arizona.

10. Color or race

Mex.11. Age at last birthday 3 1/2 (Years)

12. Birthplace (city or place)

(State or country)

Chihuahua Mex

13. Occupation

Nature of Industry

Miner

14.

MOTHER

Full maiden name

Maria Ordonas

15. Residence

(Usual place of abode)

If non-resident, give place and state.

Miami, Arizona.

16. Color or race

Mex.17. Age at last birthday 24 (Years)

18. Birthplace (city or place)

(State or country)

Chihuahua Mex.

19. Occupation

Nature of Industry

Housewife

20. Number of children of this mother.

(Taken as of time of birth of child herein certified and including this child.)

3(a) Born alive and now living 3(b) Born alive but now dead 0(c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum?

yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 5 P. m. on the date above stated.
(Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature

Byril M. Brown M.D.

(Physician or midwife)

Given name added from a supplemental report.

Month, day, year

Address

Miami, Arizona

Registrar.

Filed June 20 1930

Registrar.

193-612-462